

# Authorization for Exchange of Professional Accounting Credential Information for International Reciprocity

## Board of Accountancy Washington State



P. O. Box 9131, Olympia, Washington 98507-9131  
(360) 753-2586 - [www.cpaboard.wa.gov](http://www.cpaboard.wa.gov)

**Section A is to be completed by the applicant (Please type or print legibly)**

### SECTION A: AUTHORIZATION

State accountancy boards require the information requested by this form in order to assess your reciprocity application. *Please complete only Section A of this form and forward the form to the entity that issued the professional accounting credential that supports your reciprocity request.* Request that entity to complete the remainder of this form (Section B) and return it to the Washington State Board of Accountancy. (Check with the entity before forwarding this form to determine if you need to meet additional requirements or submit additional fees before such information will be released.)

Mr. \_\_\_\_\_  
Ms. \_\_\_\_\_  
Mrs. \_\_\_\_\_

Last Name	First Name	Middle Name	Previous or Other Name
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Current Mailing Address

City	State	Zip Code	Country	Federal Identification Number in Country of Foreign Credential (if available/applicable)
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( )

Telephone: Where you can be reached during normal business hours

Date of Birth

### Chartered Accountant Qualifying Examination data:

What jurisdiction (State or NASBA) administered the exam?

Date of exam administration

Passing score

I hereby request and authorize the \_\_\_\_\_ (credentialing authority, for example, provincial Institute of Chartered Accountants) to provide all information requested in this form to the Washington State Board of Accountancy. *Please be advised the Washington State Board of Accountancy is required to comply with the Public Disclosure Act, Chapter 42.17 RCW. This act establishes a strong state mandate in favor of disclosure of public records. As such, the information you submit to the board, including personal information, may ultimately be subject to disclosure as a public record.*

Applicant Signature

Date Signed

**Section B is to be completed by the foreign credentialing entity ONLY**

### SECTION B: VERIFICATION OF FOREIGN PROFESSIONAL ACCOUNTING CREDENTIAL

#### 1. Credential description:

a. Name of organization issuing professional accounting credential \_\_\_\_\_

b. Name of credential granted \_\_\_\_\_

c. Basis of admission or certification: 1. By examination \_\_\_\_\_

Examination Name

Date

2. By affiliation \_\_\_\_\_

Province/Country of original credential

3. Other \_\_\_\_\_

### 1. Credential description (continued):

- d. Date this credential was first issued to applicant (or the applicant was admitted to membership in your organization, if no formal credential is awarded) \_\_\_\_\_
- e. Identification or index number, if any, your organization uses to identify applicant \_\_\_\_\_
- f. Date credential or certificate lapses or expires \_\_\_\_\_

### 2. Professional accounting experience obtained or required for foreign credential:

Please identify the type and amount (in years) of experience this applicant demonstrated in obtaining the professional credential described in SECTION B.1. (or, if your organization does not maintain detailed experience records, please identify the minimum experience your organization required at the time applicant obtained the right to use the credential).

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### 3. Standing:

- a. Please state whether the applicant is currently entitled to use the credential identified in SECTION B.1. in your jurisdiction.  
YES \_\_\_\_\_ NO \_\_\_\_\_

- b. If NO, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 4. Investigation and discipline:

- a. Please state whether your organization has any disciplinary action or investigation pending with respect to this applicant.  
YES \_\_\_\_\_ NO \_\_\_\_\_  
If so, please list allegations, findings to date, and discipline on a separate sheet. If your organization's rules do not permit such disclosure, please so state.
- b. Please list on a separate sheet all disciplinary actions your organization has taken with respect to the applicant during the last ten years. Please indicate specific allegations, your organization's findings with respect thereto, and any discipline imposed by your organization with respect to each allegation. If your organization's rules do not permit such disclosure, please so state.
- c. Is this individual's practice license restricted? \_\_\_\_\_ If yes, please provide details on a separate sheet.  
Yes No

### 5. Certification: I hereby certify to the following:

- a. I am duly authorized by this organization's governance to complete this document on the organization's behalf.
- b. The information provided herein and herewith is true and correct to the best of my knowledge.
- c. This organization extends reciprocal credentialing to U.S. CPAs in accordance with international treaties, agreements, or accords.

_____ Name of credentialing entity	_____ Official Signature	_____ Telephone
_____ Signing Official's Name (please print)	_____ Title	_____ Date

*Credentialing agency should return this form and any attachments to the Washington State Board of Accountancy,  
PO Box 9131, Olympia, WA 98507-9131.*